

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** All Medical Providers  
Managed Care Organizations

**Memorandum No: 07-34**  
**Issued:** June 28, 2007

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022 (option 2) or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Supersedes # Memo 06-41**

**Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Fee Schedule Updates**

**Effective for dates of service on and after July 1, 2007**, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2007 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The updated injectable drugs and vaccine coverage;
- The updated Medicare Average Sale Price (ASP) drug files; and
- The technical changes listed in this numbered memorandum.

## **Overview**

**All policies previously published remain the same unless specifically identified as changed in this memo.**

## **Maximum Allowable Fees**

HRSA is updating the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) fee schedule with Year 2007 RVUs, clinical laboratory fees, and Medicare ASP pricing. The maximum allowable fees have been adjusted to reflect these changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007.

Bill HRSA your usual and customary charge.

## Code Update

Effective for dates of service on and after July 1, 2007, HRSA no longer covers procedure code 90725.

## Immunization Updates

**Retroactive for dates of service on and after May 1, 2007**, HRSA pays for the administration of GARDASIL<sup>®</sup> (Human Papillomavirus [Types 6,11,16,18] Recombinant Vaccine) when providers bill with CPT code 90649 (H papilloma vacc 3 dose im) as follows:

- **For clients age 9-18 years of age:**

HRSA pays for the administration of GARDASIL<sup>®</sup> only if it is obtained at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program. HRSA pays for the administration of the vaccine only and not the vaccine itself. Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90649 SL). HRSA pays \$5.96 for the administration of those vaccines that are free from DOH.

- **For clients age 19 and 20 years of age:**

Bill HRSA for the cost of the GARDASIL<sup>®</sup> vaccine itself by reporting procedure code 90649. DO NOT use modifier SL with any of the vaccines for clients 19 or 20 years of age. HRSA reimburses for the vaccine using HRSA's maximum allowable fee schedule. Bill HRSA for the vaccine administration using either CPT codes 90471 or 90472.

**Note:** HRSA does not reimburse for GARDASIL<sup>®</sup> for any other age group. HRSA limits payment for immunization administration to a maximum of two administration codes (e.g., one unit of 90471 and one unit of 90472).

GARDASIL<sup>®</sup> is administered in a series of three shots. To be paid by HRSA, the physician must prescribe and administer the GARDASIL<sup>®</sup> series only:

- After the physician has performed an EPSDT exam; and
- To clients on eligible Medicaid programs.

The EPSDT exam is only required prior to the first shot in the series. Clients on TAKE CHARGE, Family Planning Only, and the Alien Emergency Only program are not eligible for this service.

## Vaccines Reminders

The following vaccines were updated on the Injectable fee schedule. **Effective February 1, 2007**, HRSA covers the administration of these vaccines **only** if they are received free from DOH:

Procedure Code	Brief Description
90710	Mmrsv vaccine, sc
90723	Dtap-hep b-ipv vaccine, im

The following vaccine was updated on the Injectable fee schedule. **Effective May 1, 2007**, HRSA covers the administration of this vaccine **only** if the vaccine is received free from DOH:

Procedure Code	Brief Description
90680	Rotavirus vacc 3 dose, oral

## Injectable Drug Updates

HRSA updates the maximum allowable fees for injectable drugs on a quarterly basis. Current and past fee schedules are posted on HRSA's website at <http://maa.dshs.wa.gov/RBRVS/index.html>. All fees have been updated at 106% of the average Sales Price (ASP) as defined by Medicare. If a Medicare fee is unavailable for a particular drug, HRSA prices the drug at 86% of the Average Wholesale Price (AWP).

## Topical Fluoride (HCPCS codes D1203 and D1204)

HRSA covers topical fluoride for eligible clients according to HRSA's [Dental Program for Clients Through Age 20 Billing Instructions](#).

## Billing Instructions Replacement Pages

Attached are updated replacement pages C.7-C.8 and E.5-E.6 for HRSA's current *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Billing Instructions*.

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## Medical Nutrition Therapy

If an EPSDT screening provider suspects or establishes a medical need for medical nutrition therapy, eligible clients may be referred to a certified dietitian to receive outpatient medical nutrition therapy. Use the usual professional referral procedures (e.g., a prescription or letter) to refer clients for medically necessary medical nutrition therapy.

HRSA reimburses the procedure codes listed below when referred by an EPSDT provider.

**Providers must document beginning and ending times that the service was provided in the client's medical record.**

Procedure Code	Brief Description	Limitations
97802	Medical nutrition, indiv, initial	1 unit = 15 minutes; maximum of 2 hours (8 units) per year
97803	Med nutrition, indiv, subseq	1 unit = 15 minutes; maximum of 1 hour (4 units) per day
97804	Medical nutrition, group	1 unit = 15 minutes; maximum of 1 hour (4 units) per day

## Fluoride Varnish (HCPCS codes D1203 and D1204)

HRSA covers topical fluoride for eligible clients according to HRSA's [Dental Program for Clients Through Age 20 Billing Instructions](#).

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**Synagis (CPT code 90378)**

To receive payment for Synagis®, you must do one of the following:

- Include the 11-digit National Drug Code (NDC) on the claim form when billing HRSA for Synagis® purchased by the provider and administered to the client in the provider's office. Continue to bill using CPT code 90378 for the drug itself. Bill one (1) unit for each 50 mg of Synagis® used.

**- OR -**

- Obtain Synagis® from a HRSA-contracted specialty pharmacy. The pharmacy will bill HRSA directly for the drug and ship it to the provider's office for administration. Providers may then bill HRSA for the administration only. Do not bill HRSA for the drug itself when the drug is billed by the specialty pharmacy. Please check with the pharmacy regarding whether or not they are contracted to bill HRSA directly as contracted pharmacies change often.

HRSA covers Synagis® for those clients younger than one year of age from December 1 – April 30 of any given year without prior authorization (PA). HRSA requires PA for all other time periods and all other age groups. For details regarding the PA process, refer to Section I of HRSA's current Physician-Related Services Billing Instructions.

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# Immunizations

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Immunizations covered under the EPSDT program are listed in the Fee Schedule. For those vaccines that are available at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children 18 years of age and under, HRSA pays only for the administration of the vaccine and not for the vaccines themselves. These vaccines are identified in the Comments column of the Fee Schedule as “free from DOH.”

You must bill for the administration of the vaccine and for the cost of the vaccine itself as explained in this section.

## Clients 18 years of age and younger – “Free from DOH”

- These vaccines are available at no cost from DOH. Therefore, HRSA pays only for administering the vaccine.
- Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL). **Effective July 1, 2006**, HRSA pays \$5.96 for the administration for those vaccines that are free from DOH and are billed with modifier SL (e.g., 90707 SL).
- DO NOT bill CPT codes 90471-90472 or 90465 – 90468 for the administration.

## Clients 18 years of age and younger – “Not free from DOH”

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with these vaccines. HRSA pays for the vaccine using HRSA’s maximum allowable fee schedule.
- Bill HRSA for the vaccine administration using either CPT codes 90465-90468 or 90471-90472. **Do not** bill CPT codes 90465 – 90468 in combination with CPT codes 90471-90472. HRSA limits payment for immunization administration to a maximum of two administration codes (e.g., one unit of 90465 and one unit of 90466, one unit of 90467 and one unit of 90468, or one unit of 90471 and one unit of 90472).

**Note:** HRSA pays for administration codes (90465 – 90468) **only** when the physician counsels the client/family at the time of the administration and the vaccine **is not** available free of charge from the Health Department.

- Providers **must** bill administration codes on the **same** claim form as the procedure code for the vaccine.

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**Immunizations**  
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## Clients 19-20 years of age – All Vaccines

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with any of the vaccines for clients 19-20 years of age, regardless of whether the vaccine is available free-of-charge from DOH or not. HRSA pays for the vaccine using HRSA's maximum allowable fee schedule.
- Bill for the administration using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Payment is limited to one unit of 90471 and one unit of 90472 (maximum of two vaccines).
- Providers **must** bill 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

## GARDASIL<sup>®</sup>

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- **For clients age 19 and 20 years of age:**

Bill HRSA for the cost of the GARDASIL<sup>®</sup> vaccine itself by reporting procedure code 90649. DO NOT use modifier SL with any of the vaccines for clients 19 or 20 years of age. HRSA reimburses for the vaccine using HRSA's maximum allowable fee schedule. Bill HRSA for the vaccine administration, using either CPT codes 90471 or 90472.

**Note:** HRSA does not reimburse for GARDASIL<sup>®</sup> for any other age group. HRSA limits payment for immunization administration to a maximum of two administration codes (e.g., one unit of 90471 and one unit of 90472).

GARDASIL<sup>®</sup> is administered in a series of three shots. To be paid by HRSA, the physician must prescribe and administer the GARDASIL<sup>®</sup> series only:

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